

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number 10/736,952
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		First Named Inventor Aura et al.
		Group Art Unit 2134
		Confirmation Number 5539
		Examiner Name Powers, William S.
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ENCLOSURES (check all that apply)		
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Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application.		

SIGNATURE OF ATTORNEY OR AGENT				
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